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BY VARIOUS AUTHORS

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investigation is equally negative In such cases the term idiopathic narcolepsy can properly be applied Males are much more commonly affected than females, and though the attacks may begin at any age a large proportion have their onset between the ages of 10 and 30 and may continue throughout life In such cases it seems probable that we are dealing with a spasmodic disturbance of function of the nervous system comparable in many ways to epilepsy, though at present we have no clue to the cause of the disorder

In rare cases the narcoleptic syndrome may occur as a symptom of organic disease of the nervous system notably of encephalitis lethargica tumours of the third ventricle or hypothalamus and cerebral syphilis This association suggests that the site of the disturbance is in the autonomic centres of the hypothalamus and the floor of the third ventricle

Treatment —The sleep attacks of narcolepsy are in many cases greatly improved by the regular use of amphetamine sulphate An initial dose of 10 mg after break fast and lunch is often enough but this may be increased if necessary to 20 mg b d or even 30 mg b d Symptoms of overdosage are sleeplessness restlessness and tremulousness Less efficacious but of undoubted value in some cases is ephedrine sulphate in doses of gr ½ to 1 b d

Neither of these drugs is of comparable value in controlling the cataplectic attacks which usually remain resistant but can often be adequately prevented by the careful avoidance of the emotional stimulus which brings them on

MIGRAINE

Synonyms —Hemicrania Sick Headaches

Definition —A common malady of which the only essential characteristic is recurring intense headaches which usually develop on waking in the morning and which while often unilateral may be bi frontal occipital or general The attacks usually date from childhood but sometimes commence in later life The headaches are often associated with nausea and vomiting which has given rise to the designation sick headaches or bilious attacks and also with peculiar disturbances of vision and with giddiness suggestive of vestibular disturbance Less common symptoms of the disorder are varieties of slow sensory auræ which occur in no other malady attacks of hemiplegia or monoplegia or of aphasia and attacks of ophthalmoplegia Some of the phenomena may accompany the headaches but others occur in attacks quite apart from the headaches and may for that reason give rise to difficulty in diagnosis

Ætiology —The malady may originate in early childhood but commonly makes its appearance at about the age of puberty and tends to persist with fluctuations in the severity and frequency of attacks throughout adult and middle life It often ceases in women at the menopause and its persistence into old age in either sex is exceptional The sexes are equally affected and a history of family incidence is com mon In other cases a family history of such paroxysmal disorders as hay fever asthma urticaria or epilepsy or of psychopathic tendencies may be obtained Subjects of migraine are commonly of an energetic and intelligent type and many have a meticulous standard of thoroughness and precision almost amounting to an obsession

Nothing is known with certainty as to the essential cause of migraine Numerous factors such as errors of refraction disorders of digestion and of endocrine function and psychological disturbances have all been evoked as responsible causes but it is probable that at most they are never more than precipitating factors in susceptible individuals There is considerable indirect evidence that the immediate cause of the attack is a paroxysmal variation in the calibre of the cerebral blood vessels either